

A1. Site/Study ID #: _____ / _____

A2. Date of Interview: _____ / _____ / _____
Month Day Year

A3. Staff Initials: _____

To DCC

A4. This form is to be completed by interview with a subject's parent(s) or guardian(s). Please indicate below the primary source(s) of information for this form (check all that apply) :

- a. Biological Mother d. Mother, not biological
 b. Biological Father e. Father, not biological
 c. Guardian(s) f. Medical Record g. Other (Specify: _____)

- A5. The primary source speaks English adequately 1. No 2. Yes → **Go to B1**
 a. There was a translator who interpreted 1. No 2. Yes

SECTION B: INFANT DEMOGRAPHICS

B1. What is *the infant's* date of birth? _____ / _____ / _____
Month Day Year

B2. What is *the infant's* gender? 1. Male 2. Female

B3. Is *the infant* Hispanic or Latino? 1. No 2. Yes 3. DK 9. Refused

B4. What is *the infant's* racial background (check all that apply)?

- a. American Indian or Alaska Native
 b. Asian
 c. Black or African American
 d. Native Hawaiian or Other Pacific Islander
 e. White
 f. Other (Specify: _____)
 g. DK
 h. Refused
- i. If more than one response was chosen for B4a-B4g: What would you say is *the infant's* primary racial background? (choose only one)
1. American Indian or Alaska Native
 2. Asian
 3. Black or African American
 4. Native Hawaiian or Other Pacific Islander
 5. White
 6. Other (Specify: _____)
 9. Refused